MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS PROTOCOL

| SUBJECT: | Carpal Tunnel Release | Protocol #: | PA P145.02 |
|-------------------------------|-------------------------------------|---|--|
| APPLIES TO: | MHP ⊠ MLTCP ⊠ MSSP ⊠ HEALTHSELECT ⊠ | Protocol Pages: Attachments: Initial Effective Date: Latest Review Date: | 1 Yes ☐ No ⊠ June 1999 May 2002 |
| MIHS HEALTH PLANS APPROVALS: | | | |
| | | | |
| Director, Medical Management: | | Date: | |
| Medical Director: | | Date: | |
| | | | |

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Carpal Tunnel Release.

PROTOCOL:

A. Carpal Tunnel Release

CPT#: 64702

64721 LOS: OP

- B. The prior-authorization specialist may approve if **all** of the following are present:
 - 1. Persistent symptoms of median nerve compression: pain associated with loss of feeling and/or weakness, loss of muscle mass;
 - 2. Failure to respond to conservative measures which include: splinting, anti-inflammatory medications and steroid injections:
 - 3. EMG confirmation and
 - 4. Symptoms interfere with daily activities.
- C. If HealthSelect, check to see if Employee Health has been contacted.
- D. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.
- E. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.
- F. If requirements are not met, Medical Director review is required.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.